



# NAVIGATING ADULTHOOD AND IDD

## Episode 14: Alyssa Stone- Neuroaffirming Techniques, Staff Education, and Intentional Prompting

[00:01:33] **Bonnie:** All right. Welcome back to another episode of Navigating Adulthood and IDD for today. Today I'm joined by Alyssa Stone of Dynamic Lynks. Welcome.

**Alyssa:** Thank you. Thank you.

**Bonnie:** And her puppy, Rey?

**Alyssa:** Yes, she's here. So if you hear barks, I apologize in advance. She's looking all cute.

**Bonnie:** It's all good. And, and as hopefully listeners know, Queenie could maybe show up at any time and sometimes that can derail conversation, but we'll see. I, you never know what she's up to.

**Alyssa:** We'll roll with the pet love.

**Bonnie:** Exactly. Exactly. Awesome. Well to start, would you mind giving us a short introduction of yourself?

**Alyssa:** Sure. So I'm Alyssa. Hello, I'm waving, but you can't see me. I am a board certified music therapist. I'm also a neurologic music therapist and a completely different side of the spectrum, a certified yoga teacher.

So I kind of do a lot of different things incorporated in my practice. I run a private music therapy practice in the [00:02:33] greater Chicago area, called Dynamic Lynks. Feel free to check us out. [DynamicLynks.com](http://DynamicLynks.com) @DynamicLynks on Instagram. Just plugging myself now. I'm sure it'll happen later too. I spoke specialized in working with individuals with developmental differences.

Neurodivergent individuals, autistic individuals, and those struggling with some mental health needs. Within our practice, we have a team of three therapists right now and an intern, and they all specialize in a little bit of different things. We predominantly serve ages three to 18 in our clinic space, but the highest number of our contracts are adult day programs and adult day services. And everyone who comes to work for us is like, I didn't think I'd like working with adults so much. And I just I'm like, yes, it's the best. It's the greatest, it's so much fun skill work relationship building. And you have that maturity level of being on the same page with another grownup, which is really nice sometimes.



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**Bonnie:** Oh, for sure.

[00:03:33] **Alyssa:** Yes.

**Bonnie:** Yes. I can relate to that. And I feel like I kind of had a similar maybe experience when I, I, my first time working with adults with disabilities as a practicum in undergrad. And I, it's not like I expected to dislike any of the populations.

**Alyssa:** Yeah.

**Bonnie:** But I think I was surprised at how much I enjoyed working with them? And maybe, yeah, that, that, like you were saying that connection of like, Oh, I don't have to like put it on like a show like with kids. Sometimes you gotta pull out all the bells and whistles. It's like, I can just be myself, make music and connect with them on this. Yeah. More adult level.

**Alyssa:** Absolutely. My first practicum was also with adults with developmental differences when I was in my undergrad.

First diaper practicum, and I wasn't sure what to expect. And the clinician there, Jessica Baldwin, which she might have a different last name now, Jessica, if you're listening. Hello. And I'm sorry if I messed up your name, but she ran just a really incredible program. And coming from an NMT teaching style in my undergrad program, it was interesting to see how she supported and interacted [00:04:33] with those individuals that wasn't,

so much those clinical protocols, but really fostering, social, emotional development through comprehensive projects and interactive programming. And music-making just so many cool things she was doing. So that stuck with me for a long time.

**Bonnie:** That's awesome.

**Alyssa:** Yeah.

**Bonnie:** Yeah. Let's dig into the day programs. So what kind of, what does your work with Dynamic Lynks in those day programs look like?

**Alyssa:** Sure. So here in Illinois, we're actually very unique. So greater Chicago area, Illinois. It's very unique because we have park districts, which I think every state has parks and park districts. But what that looks like here is so different than the park districts I grew up with. The park districts provide classes, organized events, so, so many different things across the spectrum of childhood adulthood, aging, older adulthood, and within the park districts here in Illinois, every town has their park district, but there's also special recreation associations for [00:05:33] every town or group of towns. So a lot are kind of in a co-op or a community of special rec associations overseas.



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Five to 14 counties. So it'll serve a lot of people, but it's unique to Illinois in that there's a special recreation association linked with almost every park district. And it provides programming just for individuals with, additional needs or differences or exceptionalities, and they have programming for zero through the lifespan.

And a lot of them have adult day programs. Right? Isn't that so cool. Shouldn't everywhere have this.

**Bonnie:** Yeah. I'm wondering if Colorado has something like that associated, but not that I know of. Like with the park districts, there's some cool day programs in the area, but they're di they're like their own nonprofits.

**Alyssa:** Yup. Yup. And these are taxpayers dollars and then oftentimes nonprofit on top of that. So they get funding from galas and fundraisers, but they're also getting taxpayer dollars. So they're able to sustain programs over time, which is wonderful. And they're able to reach so [00:06:33] many people that maybe don't quite fit into like a true day program or a residential program, but just need a little bit of support when working on these skills or interactions.

And what's unique to Illinois too, is that, we were talking earlier, before we got on the call, everyone who, well, before we hit record, we were talking about recreation therapists and here in Illinois, to be part of an SRA, you actually have to be a certified therapeutic recreation specialist CTRS, or CPRP that has a different.

Words to it. I'm not certain on the acronym. We could look that up. We could add that in post if you want. So CTRS is run these programs. So it's being led by people who are having the same skills in mind of what is this recreational experience. Creating for the human in front of me. And how is it positively impacting their life now within music therapy, my goals tend to be a little more in clinical domains, as well as social emotional in my private practice work.

But in the recreation setting, it's very social, emotional based [00:07:33] on what kind of social experience are they have in creating meaningful friendships, sustaining those, wellness, health. A lot of these programs run with Special Olympics. So all that being said, they pull us in because they say, Hey, we're doing a lot of sports, but we also want to do a lot of music.

Music has all this power and capability to connect us. So they have us have us come in for contracts. So we contract with five different adult day programs within different special recreation associations, which serve dozens of counties. So we're seeing, you know, clients from all over Western, northern, Southwestern, Illinois Chicago area, not like a Peoria or Bloomington normal.



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We're not going that far. And they call us in for services, you know, one hour a week, or we might go to different sites. So we might see. The same program at three different sites. And we go in and we do music making with them and we do drumming, songwriting, movement. We've made music videos, all sorts of cool stuff to work on. We mainly focus on autonomy and [00:08:33] independence, communication, and then socialization. So it's really fun. I'm happy to talk more about like what those specifics look like.

**Bonnie:** Yeah. I would love to dive into that and like, I love how you have those goals of independence and autonomy kind of above others. Cause I know sometimes. With music therapy, sometimes goals can be like academic, which at this point we're all out of school,

**Alyssa:** Right? I mean, you have to do of what is the functional transfer of this skill. If they can't transfer to, to real world applications, why am I working on it? And what I found is so often in adult programming across the board, right?

Whether that's, adults with IDD, DD or older adults, we spend so much time infantilizing the people in front of us. And it drives me crazy, because they're adults. If someone came up to you and was like, (cutesy) "Do YoU wAnT sOmE jUiCe~?" you'd you'd be like, no, I don't, want the juice thanks, that's okay.

[00:09:33] But if you say like, "Oh, it looks like you're thirsty. Would you like grape or apple?" And giving autonomy and giving just even a small window of independence is really critical and important. And a lot of these participants in the program are VERY capable. I want to be careful with my words because I don't love, putting functioning labels on people, but highly capable individuals who just don't have that small amount of support in the community to thrive the way they could.

So they come in and they want to talk. They want to sing their favorite song. They want to talk about their group home or their work. So we create a safe space to do that through the music and give them independence, autonomy, social connection, self-regulation, emotional expression, all the good stuff.

**Bonnie:** Yeah, definitely. Oh, I love that. And I love that space that. You guys are creating in those day programs. It sounds like a lot of fun too.

**Alyssa:** It is. And we haven't seen as many in COVID, but we're starting to get back. We're going to come in virtually. Yes. They're meeting. They're trying to pull us [00:10:33] in. So. Funding. Is always hard.

**Bonnie:** Yeah.

**Alyssa:** Funding's always hard. So



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**Bonnie:** That happened with me in my day programs too is like, they pretty much, we had to stop just when, when the pandemic started because of funding and it's like, things are slowly starting to kind of get back now, which is nice, but it's, it's been hard. It's been hard for those groups to support adults with disabilities during this time too.

**Alyssa:** Yeah, we serve one program that we are relaunching with like a big way. I can't talk too much about that, cause the nitty gritty is not detailed out. But they serve more medically fragile adults with disabilities and they are completely shut down, obviously for safety reasons and they won't be resuming until everyone can be vaccinated, I would assume.

So. It may be some time. It may be May 1st. I don't know. Saw that news yesterday. Oh, we're dating this, I guess by saying that. But yeah, I think it'll be interesting to see when they reopen, but that program also what we've noticed, and I want to be careful with my words, the [00:11:33] retention of employees is so hard of, of the caregivers and the assistants in those locations.

So what we saw a lot of time coming in as people who, didn't know what to do, and it wasn't necessarily a fault of theirs. Those programs don't have the capability to train someone new every week for hours and hours, they don't have the funding. They don't have the time. They don't have the resources. So when we were going in, we were bringing in visual supports that they had never seen before we were bringing in activities and ideas that they had never thought of before. And I think the power that we can bring to educate in a space that's fun, and doesn't feel like the lecture is really important to have modeling the levels of interaction, modeling what we expect of the participants.

And the staff can be really helpful for all those programs. And that helped us create a really strong relationship with them. Cause they saw not only the benefit for the participants, but the benefit for the staff to learn new ways of interacting and learning from us on ways to help them. So that was a really [00:12:33] cool side thing that came out of, of doing what we're doing.

**Bonnie:** Yeah, definitely. That's that's so cool that kind of staff education aspect of it too, that they can really take away from it.

**Alyssa:** Yeah. And it's

**Bonnie:** The turnover. Yeah.



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**Alyssa:** And they work hard and it, it's a hard job and I'm not sure I'd want to do that job every day. It is, it is a challenge to manage a lot of participants with not a lot of money and not a lot of resources.

Yeah. I'm not sure I'd be like, yeah, let me sign up for that. So I get it. I get why there's turnover.

**Bonnie:** Yeah, definitely. And I just want to say if it just in case it's picking up on the mic, I think we can hear Rey snoring.

**Alyssa:** Yes. You can

**Bonnie:** Like Darth Vader kind of sound in the background. So I think that's what that is.

Now, now we have that interaction.

**Alyssa:** Yes. Yes. I'm sorry everyone listening. Yep. She is snoring.

**Bonnie:** She's sleeping.

**Alyssa:** She is [00:13:33] sleeping. She is eight years old. She, she snores nice and loud. I'll just nudge her. If she gets too loud, sometimes it's full (SNORES LOUDLY). Which you not really asmr at that point. Yes.

**Bonnie:** A little too loud.

**Alyssa:** Oh, wow.

**Bonnie:** Well I feel like you were hinting at this with maybe some of the staff education. We've discussed before that you use neuro affirming techniques at Dynamic Lynks. And I would love if you could first define that for some of our listeners just in case they're not quite sure what neuro affirming means, and then yeah, we can dive into it.

**Alyssa:** Cause I, I suspect that might be some of the tr like some of that support for the staff is, exploring those kind of techniques

100% Bonnie, you know me well so neuro affirming, I think the best way to define it. Yeah. There's not one definition of it, but really respecting the personhood of the [00:14:33] neurodivergent individual in front of you.



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So that could be developmental disabilities, could be developmental differences, autism, ADHD, twice exceptional. Neurodivergencies kind of fit a large category. Mostly they're referring to brain differences, neural differences. Neuro affirming techniques are just saying, there's nothing, quote unquote, cause you can't see my fingers, "wrong" with you.

We're not trying to, trying to quote unquote, "treat" you. We're trying to support you in your goals and help you reach your fullest potential on your terms. So we're affirming your neural differences and we're not trying to change or shape you into one specific box. We're just trying to help your box kind of fit in with all the other.

Boxes. If that makes sense of, I'm not trying to split a, fit, a square peg into a round hole, I'm trying to make everything else, a little rounder for you to, while helping you fit. Wherever you want to fit. So that's kind of the basis of, [00:15:33] of neuro affirming, neuro inclusive, just being mindful that every person's different and we're not necessarily treating them, we're supporting them while respecting their neural differences and their neurodivergencies.

And in some of these settings that can look really different and be challenging, depending on the levels of communication of the individuals, the levels of mobility, the levels of independence. In that group home, I was speaking about most recently, the levels of independence are really low. Many of them are mobility device bound.

They're non-speaking they, you know, need support to feed and change themselves. So neural affirming techniques, their neuro affirming techniques. They're are going to look a little different than with, speaking individuals with autism who are engaging in social interactions with peers and showing higher levels of independence and communication.

Again, functioning level, doesn't represent the internal competence or ability of the individual. It's just the way they're presenting to you. So affirming everyone where they are. And that yeah. Really went into staff [00:16:33] education of some of these places, I think presuming competence is still a first step that they're working on of the individual in front of you is a sentient, competent being, giving them as many opportunities to express themselves on their terms.



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Well, that's how you can be affirming and inclusive to who they are. If someone's, non-speaking continually asking them questions that they're not responding to, that's just silly. You're fitting a square peg into a round hole, presenting more visual choices, presenting two tambourines and having them choose which tambourine, I mean, any way you can throw in the option for them to communicate and them to be autonomous, I think is really important.

And it can be really affirming. And we brought a lot of that into the staff training on how can they just access the individual in front of them in a different format than they may have been thinking of before. And music, of course is I don't know, the most powerful medium, I think, to do that because it doesn't require words.

You have [00:17:33] inherent visuals and we have all this auditory priming and prosody and inherent queuing to the music. The reactions that program saw in our groups, was beyond anything they had ever seen before, which was shocking to me because I think we weren't necessarily reinventing the wheel. We were just doing the best with the wheel we had.

But then they, they just wanted more and more and more because they saw clients who were speaking that never made a sound before. Now they weren't saying like, hi Alyssa, how are you today? But they were vocalizing meaningfully. They were trying to functionally communicate in different ways. They were engaging for 30 to 45 minutes, whereas they didn't engage for five previously.

So yeah, just really interesting results from that program and excited for the launch of what we've got coming next with them.

**Bonnie:** Yay.

**Alyssa:** Yeah, stay tuned.

. **Bonnie:** Yeah, it sounds like even to me, and in my experience too, it's like, that application of giving space, like to our clients, cause I feel like that's what happens [00:18:33] when people aren't presuming competence, is they'll like ask him the same thing over and over and over and like trying to get a response.

But then you're, you're interrupting processing time, you know, they're not having that space. Or like you, the therapist prompts the client to play the drum, and the staff person like takes their hand and like hits the drum, like as fast as possible. You're like. Whoa. Whoa,

**Alyssa:** Whoa, Whoa buddy. Whoa.





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**Bonnie:** It's like, it's just like that space. It's like, Oh, they could, they could probably play this, you know, on their own, we might, maybe we need to figure out if it's with their elbow, maybe, you know, or their finger tips. Or maybe we need to change where the drum is, but it's like, it's, it's almost like they, they're not presuming competence and they want them to be like immediately competent at everything.

And it's like, Like, Whoa, music. We don't, this isn't even about the results. This is,

**Alyssa:** I could care less if we hit the drum.

**Bonnie:** Exactly, exactly. It's about presenting them the opportunity, the giving them [00:19:33] choices, just making music together. But so many times I'll see staff members and you know, and they're well-meaning, but they're, they're just like wanting to kind of control it all too.

And it's like, breathe. Give me the space. Ooh, this is fun. Like, you know, this is, and then I think there's so much in working with even individuals with disabilities, from kids, like to adulthood, there's like that really product based goal base response that people want, even in like academic skills or whatever.

And so like you get to adults and you can see that that's still that kind of there. They're like, Oh, let's, let's make sure this happens. And was like, Whoa, no, let's just right. We're just here to have some fun and make some music.

**Alyssa:** Yeah. Right. It's not about getting it right. It's about getting to that is really what's getting it right. It's about the journey and not the destination in that instance. And I think educating the staff on that, that I don't need them to shake and stop with me. I want to see. How they shake and stop. [00:20:33] So I can know their level of regulation, level of their psychomotor regulation to see what that processing speed is.

That's one of the first assessments we always do is how long does it take for you to respond to that cue timed with music and giving that auditory priming? Because that sets us up to know what's your processing time, because if it took you eight beats of music to stop or eight beats of music to start your motor movement, Acknowledging that there's not additional motor needs, right, but someone who can complete that motor movement just needs time. I can assess how long. Okay. So eight beats at a tempo of 90 beats per minute. That's how long it's going to take you to respond to a question of, if I say, what color do you want? I got to go to. (to a beat) Tu tu tu, tu, tu, tu, and then anticipating a response.



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I like to give it like four extra beats. And then if they don't respond that I'll ask again and maybe give a stronger motor cue, but giving time and space for someone to respond, they're thinking, they're motor planning. They're doing a lot of work there. Give them a chance.

**Bonnie:** Right. And [00:21:33] I would suspect that's the one reason, well, like one. Music's motivating to you guys are probably providing high quality services, but I suspect it's also like, it's also that simple too. It's probably in other areas. People are just like, why aren't they responding? Where you are counting in your head because you've done that assessment to let the process, you know.

**Alyssa:** I'm always thinking, okay, how long is it taking you to respond? How are you presenting today? Right. Is your body moving fast? Oh, your brain might be moving fast. Maybe I need to increase this tempo to access it more effectively. Like I'm always looking at the person in front of me and thinking, how can I adapt some of my things, to help you. Because in turn that I can help you help yourself. If I can figure out what's your internal metronome look like, right.

Assess that baseline of how what's their typical tempo range look like. What's their processing speed look like. I can give you that information to anyone and say, okay, put a metronome on, prime them for this many beats. Wait this long before you ask another question, and keep the metronome going to help them [00:22:33] answer, and then they can take that functional tool with them.

I don't own the rights to the metronome as a music therapist. Obviously I'm going to implement the protocol hopefully more effectively than they are, because I have years of training in different music therapy techniques, but I can at least help a little bit to say, okay, just put this, put this on and give him eight beats or give her eight beats to respond.

Yeah. Yeah, and I do that with my clients too, for themselves, to help them get themselves going of tap yourself, get your, help yourself, get those words out. If you want to say it, give yourself more tools to help you say it when there's motor planning needs or processing needs. And that's been a game changer for a lot of my clients on their independence.

**Bonnie:** Right. And giving them the tools too, or even helping them advocate, like can you give me time to process?



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**Alyssa:** Yup. Yup. And that's, what's hard. I don't know if you want to go down this rabbit hole. Let me know if you want. I can cut this out. It's what's hard sometimes working with, other clinicians I'll be, I'll be general with it. [00:23:33] Other clinicians who are very program-based that are looking at fading, prompt levels to nothing. Whereas sometimes we need that prompt. Like I have a calendar app on my phone. If I didn't have this in my schedule for today, that I'm meeting with Bonnie at 1:00 PM central time, I would have missed the meeting because I need that prompt.

It pops up on my phone 10 minutes before the event to remind me. It makes sure I'm there. It has the link to where I need to go. All of those is executive functioning and planning. So I independently did that, but I still need that prompt. I have my, uh Waze app set for when I have to go to a client's house.

So it tells me when I need to leave. So I don't have to look it up. I mean, we have these inherent prompts in our lives. It's okay, if a client needs a little support, to increase their level of independence. I would rather have someone walking around with a metronome in their Bluetooth earbud on one ear that no one else can hear.

It's of no bother to anyone. If that's going to help them organize, plan, [00:24:33] communicate more effectively, and train to the rhythm so they can have a more steady gait and have a safer interaction with the world, I'm not taking away that prompt. I'm not fading that to nothing like if that's what they need for forever, okay, great.

**Bonnie:** Yeah. What a good point. I don't know if I've really thought about prompts that way, like specifically, like it's so true. Like we have prompts in our own lives and it's unrealistic to kind of work everybody to like this perfect box of, well, you never need prompts to be successful. And then things as you've been just talking about, I think, I think with my husband, I was talking about how I have some new ukulele students and I, I, I mailed them stickers to put on the ukulele and I was like, you know, we could probably, you know, we could technically learn this ukelele without the stickers probably. But I sense some anxiety with learning.

Well, some of the students and I was like, why not send like this, this extra visual prompt, that's just going to make it [00:25:33] easier to be successful. I have stickers on mine. So they see that on mine, you know? So it's like, why not just send the stickers and we can talk later if they want to keep them on.



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But as far as like learning. And I was thinking like, even like middle schoolers, write all their notes in like in the music and you don't, you don't see that as like a, Oh, why don't you guys know how to read treble clef?

**Alyssa:** Oh, here's this brand new thing,

**Bonnie:** Right. As like an and and it's going to be up to the individual. Whether they want to keep the stickers on or take them off later, but I'm not going to be like one day. Okay. Let's take off the stickers because

**Alyssa:** "It must be removed. Right now!"

**Bonnie:** They express they're ready, then. Yeah, cool. But if they like the stickers, cool. It's totally up to them at the end of the day.

**Alyssa:** And you can reflect on and what you're seeing, right. Just like we do in, in therapy. I know it's just ukulele lessons. We can be like, it doesn't look like you really need that sticker for A minor anymore. I think we can take that one off. How do you feel about that? And then they'll either [00:26:33] say. Yeah, let's try it or no, I'm not, not quite there yet. Yeah, exactly, exactly.

And if they're going to become professional professional ukulele players, then like, okay. In a couple of years, maybe we'll work to pull that off and start to build that. But even then, who cares if you're a professional, professional ukulele player, they may just be there to look pretty at that point because you've got the motor plan memorized.

**Bonnie:** Right?

**Alyssa:** Yeah.

**Bonnie:** Yeah. So I think it's, I think it's a good point. It's like, Prompts, it's up to the whoever you're working with. Do they want that prompt ongoing or like, are they ready to not have it? And it's just up to them because it'd be same with you. If you were like, you know, I don't feel like I need this reminder on my phone anymore.

Right. But you kind of know yourself too, and you're like, I'm going to forget. I'm a busy person. I should probably have the reminder and it's, but it's up to you at the end of the day. Whether or not you have that prompt. So I think that's really interesting way to think about prompting [00:27:33] is kind of like, it's up to the individual at the end of the day, whether they want to have that or not.



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And it just depends on their support level and where they're at in life. What they, what makes them comfortable.

**Alyssa:** Yeah.

**Bonnie:** There's no reason to be play ukulele uncomfortably.

**Alyssa:** Right, exactly. Make it fun. And I feel like we get stuck on. The term Prompt Dependence, and I think a better way to look at it as "learned helplessness".

I don't want someone to have learned helplessness. I don't want them to be relying on me for something they can totally do on their own. That is not the end goal. So then we'd really have to look at that. But if it's depending on something that just makes life easier and better for you. Well, that's not learned helplessness.

That's, executive functioning and planning and organizing what you need to set yourself up for success, which I think isn't more important, overarching skill for overall autonomy, independence, success through adulthood, success across the lifespan. Some of these clinicians that make these programs with the faded prompts, they do the program for several [00:28:33] weeks and then they move on to another one that are building on each other.

But along the way, something gets, lost or not inherently retained. And then, and then what do you do? Like you faded all the prompts and now we don't know it, and now we're just kind of stuck and everybody's going, well, why don't, you know, this, you worked on this for three weeks and it's like, well, maybe there's a deeper skill there that we need to be looking at the overarching umbrella.

**Bonnie:** Right. And just because you master anything in three weeks, doesn't mean, that was retained. I can learn a piece of music and forget that three weeks later.

**Alyssa:** Exactly, exactly right. What, what really gets us from short-term working memory to long-term memory is more the acquisition in daily life and the application of that.



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Maybe it's more like adaptation.

**Alyssa:** Yeah.

**Bonnie:** Could be having the drum on a stand at a certain angle, and that might not change because that might just be physically a support that an individual needs. So I think that's a good way to think of it where it's like that prompting. That support is more like that.

And then learned helplessness is like, when you aren't giving them the space. I hate a hand over hand. I almost, I will stand. That might be a

**Alyssa:** Bonnie will make concrete statements here. I'm being ambiguous.

**Bonnie:** That might be a hot take, but you know what? I would, I, any family that I have that I'm working with, I want them to know, like, I, I'm not going to be doing hand over hand in most situations unless ABSOLUTELY necessary.

**Alyssa:** Yep. Yep. I fully agree. And also because we have alternative routes to that destination. So if I'm thinking like I have a client right now, who's working on bilateral hand coordination and alternating hands to get the neural wires firing in the brain a little differently. It's [00:30:33] not so much that his hands will alternate on a drum.

Cause there's another therapist there when I treat him and I'm like, I don't think you quite understand what I'm trying to do here, but it's cool. You just let me do my thing. And. We were doing hand underhand, I guess, as a way to put where, like I often, if I'm leaning towards hand over hand, I put my hands out and allow my clients to touch my hands and then let them move me.

And then I kind of move them back to give also that opportunity for consent. Cause whether someone's speaking or non-speaking, we have to provide that consent to touch their body in their space. You don't want a stranger walking up to you and like touching your shoulders and touching your body, like always asking for consent in a appropriate way for the individual in front of you.

So I do hand underhand. Maybe I'm going to coin that as a new thing. Yeah. So the client was pushing my hands down and I was kinda like pushing him back up to get that, showing him that rhythm pattern. But all that did. And as hand over hand, the evidence shows us, it taught him how to [00:31:33] move his hands with my hands.



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It didn't teach him to alternate it. Wasn't sending those neural connections. I was like, okay, maybe we're tapping in a mirror. No, it didn't transfer for him. So what we changed to is more like a therapeutic instrumental music play, where he's alternating on the drum, but I'm holding a tambourine over the hand.

I want to hit. So he's going up, down, up, down with the different hands, "tambourine-drum", "tambourine-drum", and I've given those clear cues. And now. After a couple months of working on this, not even months, maybe it was like weeks. We are alternating for a duration of 10 to 30 seconds. It does oscillate completely independently just mimicking me. So we faded all the way back to that first prop level. And we didn't even need hand over hand.

**Bonnie:** Right.

**Alyssa:** So, yep. I think the instance is different for every person for clients who I do like more adaptive piano, music therapy, hybrid sessions, lessons, I might support the wrist because they just don't have the motor plan or they're not sure which finger goes where, so I'll touch their [00:32:33] finger and say this finger.

And if they can't get it down, then I'll be like, this finger. But. That's it, it's just a prompt the movement, and then I immediately pull away as much as I can, because again, they'll never learn that motor plan if I'm doing it for them.

**Bonnie:** Right. Yeah. I feel like it's very similar for me too. It's like ukulele, if we're in person, and with, I would ask, you know, for consent says, and then I might, you know, help them find that fingering on the ukulele, but that's not how we're going to do it every time.

**Alyssa:** No, you got to do it on your own. And if you can't, then we'll figure out something else.

**Bonnie:** Right.

**Alyssa:** But, well, yeah, what's the point of me playing it for you. If your goal is to learn ukulele well, then, me playing it for you, it doesn't get you where you want to be at all right. It gets you to where I want to be.



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And it might look different than somebody else hitting the drum, but that's okay. But if you don't give them that opportunity, they're going to learn, I play the drum by waiting for somebody to grab my hand, playing the drums. That's the learned helplessness.

**Alyssa:** Yup. And I think it's on us, which is. Sad, but also why they're paying us and why we're there and why we can ask for, you know, the hourly rate that we can, is it's on us to set the expectations for the staff in the room of what we want in our session of, help the individuals, you know, them best, most likely because you're with them day to day.

But I want you to give everybody 10 seconds to do whatever we're doing. Or, let's try no support for this activity, because I just want them to have fun playing the drum. And if they can, [00:34:33] cool, if they don't want to, cool. Right now, we're just trying to engage everybody playing together. And it can be frustrating.

And I think at some locations that dynamic was hard because they were like, Who are you coming in? You come in one hour per month. And who are you to tell us how to do our job? But in that hour per month, you are. The, the authority in the room and maybe they'll learn something from the role you're setting for them or the not role, the the example you're setting for them. There you go.

**Bonnie:** All right. How can other music therapists and professionals learn more about using neuro affirming techniques?

**Alyssa:** Ooh, great question, Bonnie. Great question. I mean I think first and foremost before I plug what we can do to help you, is go listen to neurodivergent voices and autistic voices.

If you're not already following people on Instagram and Facebook who identify as a member of these different quote unquote "clinical populations" go really listen and hear what they have to say. That's where I've learned so much as a [00:35:33] therapist on how I can better serve the community that I'm really interested in serving some great. Facebook groups. If you're open to that, Facebook groups can be hit or miss, because everyone has their own opinions. But there's a group for neuro affirming therapists on there, which is where I first learned about this term. There's a group called Ask Me I'm Autistic. Where only autistic individuals can respond in the first 24 hours.





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There's a group called Ask Me, I'm An AAC User. And those are for individuals who are using assistive, alternative, augmentative communication devices, and only they can respond in the first 24 hours. And it's just really interesting to see. The perspectives of voices that maybe weren't listened to for so long.

So first and foremost, I recommend doing that. If you're looking at how to incorporate this in your practice, beyond that, if you've looked, and you're like, okay, I think I get it, but I need to do more. We just launched at Dynamic Lynks, our Dynamic Community, which is a monthly subscription service that gives you neuro affirming and neuro [00:36:33] inclusive techniques every month with five original songs and activities, original song recordings, chord sheets, lyrics, facilitation guides, and then also a lecture on like a teaching topic each month. So I talked about a lot of the things that we'll be in we've already planned out the first 18 months of the community, because there's just so much we want to help people learn. But talking about celebrating, neuro-diversity how to structure your session for the best amount of success.

Psychomotor regulation, which we've talked about in here and how to assess processing speed and support the person in front of you a little bit more effectively. All of that's in there. So registration is currently open through April and then it will close. Sorry, but it'll reopen again, I'm sure, but we want to limit the first launch of this program to a small group of community members to really make it the best it can be.

And then we're hoping to grow it from there. It's definitely awesome for music therapists because we're using music and movement interventions, but if you're listening and you're not a music therapist, you are [00:37:33] also welcome. We want parents, we want other clinicians who don't ever, or often, use music in their sessions to help them facilitate that engagement through music.

And you don't have to have musical skill to implement these things. A lot of the things we're going to do are instrument play-based or chanting, or you can play the recorded song and it's on you to help support the individual in front of you. So I'm really excited for the launch of that. It has been years in the making and there's just so much cool content coming out that way. So you can sign up at [DynamicLynks.com/community](https://DynamicLynks.com/community), and it is a monthly subscription, so you can join. And if it's not your fancy, you can cancel it anytime.

**Bonnie:** Woo.

**Alyssa:** Yay.



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**Bonnie:** We'll make sure we have all of those in the show notes. So those Facebook groups sound awesome. I was like, those are new to me. I sounded really interesting. And so I'll definitely check that out to you and we'll make sure your community is also in the show notes. And I loved what you said about like listening to [00:38:33] neurodivergent voices. And I've been fortunate to have some guests on the podcast that are those voices.

So I link their episodes in the show notes too, if people want to go and listen, especially more about neurodiversity, neuro affirming, there's a whole episode on neuro queering. So those I'll put it in the show notes too, just to give people more resources.

**Alyssa:** Yeah. Awesome. It's a hard thing to navigate as a clinician who wants to support these individuals, but I also don't identify as neurodivergent. So I want to be respectful of, those voices should always be the loudest in this sphere. I'm just here to help you be the best clinician from my scope and my perspective. So first and foremost, always those things. So yeah. Check out the show notes, go find those groups. Listen to that episode.

**Bonnie:** Awesome. Thanks Alyssa. So is there anything else that you want to discuss or share with us today as we kind of start wrapping up?

**Alyssa:** I'm sure I could talk for hours. I think my main thing would just be the top takeaways from this too. [00:39:33] First and foremost listened to neurodivergent autistic and disabled voices. Secondly, presumed competence, give time and space and thirdly, navigate your levels of prompting. So you're giving the right amount of support and not promoting learned helplessness. I think those are the main, main things we want to drive home today.

**Bonnie:** Ooh, I love it. Well, we'll put all our Dynamic Lynks, social media email, where to find you guys. Otherwise, thanks for coming on today.

**Alyssa:** Yeah. Oh, I remembered one more thing. Of course, as we're going to hit end. If you are thinking you need more support than just the community environment that does have a group supervision element. I do individual supervision as well, for those who are looking to better support their clients.

So you can follow me personally @alysastone.co on Instagram. And I am taking. One or two more individuals, supervision clients. I don't have a ton of space. So if you're interested, please reach out and you can email me [00:40:33] Alyssa@DynamicLynks.com as well.



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**Bonnie:** Awesome. Thanks Alyssa.

**Alyssa:** Thanks Bonnie.

**Bonnie:** And now a word from our sponsor creative remedies, LLC. Creative remedies LLC is a music therapy and mental health counseling, private practice located in Aurora, Colorado, specializing in neurodiversity, mental health and bereavement. They believe in providing services that address the concerns you have and also providing wellness and preventative therapeutic care creative remedies offers individual and group music therapy services, and music lessons and mental health counseling services.

They currently have open registration for grief and loss music therapy group, which can be found on their website at [www dot creative remedies, llc.com](http://www.dotcreative Remedies, llc.com). Creative remedies is committed to making services accessible. So they provide sliding scale options for all financial situations. Contact them today at (720) 780-0111 or at their website.

Now back to the episode, [00:41:33]

I hope you enjoyed that conversation with Alyssa, as much as I did, we both had a blast and it was awesome to hear all the knowledge and information and perspectives that Alyssa had to share. And there are so many good takeaways. I first want to focus on the staff training that we discussed. I think Alyssa had a lot of really really good practical advice for ways to help train,

staff or coach staff model to staff, different interactions, let staff at different facilities, know how we kind of want music to go. What we're looking for in music created really collaboratively and on the same page. And with that training, we focused in on those neuro affirming techniques and really respecting that neurodivergent individual in front of you.

And under staff education, we also discussed providing space and time for prompts. Presuming the competence of all the individuals that we're working with. Even if they're non speaking to really provide them with [00:42:33] opportunities, for success in music to process between prompts and using those neuro firming techniques And just our discussion of prompting, it was very interesting and I really enjoyed it as well, too. And how we kind of discussed that some supports or kind of adaptations and that they're okay, and that everybody uses different alarms and reminders and supports in their lives, so it's kind of working with an individual to get to the level of independence that they want and the supports that they want and work towards that.



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And with prompting like fading, in some cases, that is appropriate. And in other cases, maybe they need that prompt or want that prompt for independence as well, too. So it's not as much focus on the prompt, but on the individual and what they're looking for, for their level of independence. And I think just using really intentional prompting is a great takeaway from this conversation of, are we prompting too often?

Are we, you know, are we over prompting or are we not prompting enough? Are we allowing enough time between prompts? Are we letting other people, such [00:43:33] as staff in the room, know what kind of prompting we're wanting to offer and support for individuals, and how can we help communicate that to people?

So that we can avoid learned helplessness when we're doing a task for an individual, but still provide the prompts and supports and adaptations that they need while respecting them. And then her final takeaways were great as well, too. I echo listening to autistic voices and we'll put the information Alyssa gave us in the show notes. Like I said, please check out her Dynamic Community. Alyssa and her team are putting together some really cool resources for working with adults and with other ages as well, too kids and teens.

They put a lot of really good work into everything they do. And if you're looking for that community and that resource, definitely worth checking out. I believe you have one week from when this episode goes public before they close it for a little while. And they'll open again eventually, but please check out that dynamic community in the show notes.

All right. To wrap up the session. I usually go over a session plan, but since this is the second podcast episode of this month for [00:44:33] Autism Acceptance Month, there's no session plan outlined today. The breakdown of the April outline is on [patreon.com/navigatingadulthoodandidd](https://patreon.com/navigatingadulthoodandidd) for \$5 a month for all patrons of the podcast who get access to all my breakdowns once a month, as well as visuals lead sheets that go along with the plans as well, and workshops are available.

For patrons to including technology and music therapy for adults with IDD, which is available for two more days after this podcast comes out after the 27th, it will no longer be available, but it is available to patrons. And for those who become a patreon before the 27th. So I would love to have you there and our small community.



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We also have a Facebook group that's connected with it as well too. And we meet once a month on zoom. So if any of that sounds interesting to you check us out at [patreon.com/navigatingadulthoodandidd](https://patreon.com/navigatingadulthoodandidd). Other ways to help the podcast, include sharing it with someone you think would enjoy it, [00:45:33] rating us on iTunes, and continuing to listen.

If you ever want to be on the podcast, feel free to email me at [bonnie@rhythmicrootsmusictherapy.org](mailto:bonnie@rhythmicrootsmusictherapy.org), and I would love to have a conversation with you. Thanks again for listening to this amazing conversation with Alyssa Stone, I hope that you find something to take directly into your practice and make it neuro affirming, and celebrate neurodiversity in your practice with your adults, with disability, whether they have autism, whether they are neurodivergent, whether they have ADHD and that we can celebrate that neurodiversity together. We'll catch you next time.

Thanks for listening.